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Sheet 1 of 1

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| Application Number | 10/692,082 |
| Filing Date | October 22, 2003 |
| First Named Inventor | Richard C. Fickle et al. |
| Group Art Unit | 2611 |
| Examiner Name | Not Yet Assigned |
| Attorney Docket Number | 0505,807-057 |

| Examiner Initials * | U.S. Patent Document | | Name of Patentee or Applicant of Cited Document | Date of Publication of Cited Document MM-DD-YYYY |
|---------------------|----------------------|--------------------------------------|---|---|
| | Number | Kind Code ² (if known) | | |
| /N.O./ | US-5,990,941 | | Jackson et al | 11/23/1999 |
| /N.O./ | US-6,216,265 | B1 | Roop et al | 04/10/2001 |
| /N.O./ | US-6,222,530 | B1 | Sequeira | 04/24/2001 |
| /N.O./ | US-6,335,927 | B1 | Elliott et al | 01/01/2002 |
| /N.O./ | US-6,384,850 | B1 | McNally et al | 05/07/2002 |

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| Examiner Initials * | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
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| Examiner Signature | /Nnenna Ofurum/ | Date Considered | 08/23/2007 |
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